State Liquor Authority State Liquor Authority 1. Date Motice Was Sent:	Original O Amended Date
Page 1 of 2 of F. Page 1 of 2 of F.	Date Date
Page 1 of 2 of F. Page 1 of 2 of F.	Authority Authority
1. Date Notice Was Sent:	Escal Municipality of Community Be
2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License New Application Renewal Alteration Corporate Change Removal Class Change	1 Date Notice Was 5 . Page 1 of 2 of Fi
New Application Renewal Alteration Corporate Change Removal Class Change	[3 Delivered law of the second
For New applicants, answer each question below using all information known to date. For Renewal applicants, set forth your approved Method of Operation only. For Alteriation applicants, statch a complete written description and diagrams depicting the proposed alteration(s). For Renewal applicants, attach a complete written description and diagrams depicting the proposed alteration(s). For Renewal applicants, attach a statement of your current and proposed corporate principals. For Renewal applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation. For Class Change applicants, attach a statement detailing your current license type and your proposed license type. This 30-Day Advance Notice is Being Provided to the Clerk of the following Local Municipality or Community Board: 3. Name of Municipality or Community Board: 4. License Serial Number, if Applicable: 5. Applicant or Licensee Name: 6. Trade Name (if any): 7. Street Address of Establishment: 9. Business Telephone Number of Applicant/Licensee: 10. Business Fax Number of Applicant/Licensee: 11. Business Fax Number of Applicant/Licensee: 12. Type(s) of Alcohol sold or to be sold: 13. Extent of Food Service: 14. Type be Establishment: 15. Method of Operation: 16. Licensee Statablishment: 16. Licensee Durdoor Area: 17. Method of Operation: 18. Durdour Pattor Dancing Employee Dancing Exotic Dancing Topless Entertainment Video/Arcade Games Third Party Promoters Security Personnel	The state will be filled with the Authority of
For Renewal applicants, set forth your approved Method of Operation only. For Alteration applicants, statch a complete written description and diagrams depicting the proposed alteration(s). For Corporate Change applicants, attach a statement of your current and proposed corporate principals. For Renewal applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation. For Class Change applicants, attach a statement of your current flicense type and your proposed licenses type. This 30-Qay Advance Notice is Being Provided to the Clerk of the following Local Municipality or Community Board 3. Name of Municipality or Community Board: Applicant/Licensee Information 4. License Serial Number, if Applicable: 5. Applicant or Licensee Name: The Cleat Cabin Cabin 7. Street Address of Establishment: 205 £ 4TH St 8. City, Town or Village: 9. Business Telephone Number of Applicant/Licensee: 11. Business E-mail of Applicant/Licensee: 12. Type(s) of Alcohol sold or to be sold: Seasonal Establishment: Restaucant Menuments Menument	Colobiate hands
For Afteration applicants, attach a complete written description and diagrams depicting the proposed alteration(s). For Corporate Change applicants, attach a list of the current and proposed corporate principals. For Removal applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation. For Class Change applicants, attach a statement detailing your current license type and your proposed license type. This 30-Day Advance Notice is Being Provided to the Clerk of the following Local Municipality or Community Board: 3. Name of Municipality or Community Board: Applicant/Licensee Information 4. License Serial Number, if Applicable: 5. Applicant or Licensee Name: The Cleat Calin Licensee Name (if any): The Calin 7. Street Address of Establishment: 205 E 4TH ST 8. City, Town or Village: 9. Business Telephone Number of Applicant/Licensee: 11. Business E-mail of Applicant/Licensee: 11. Business E-mail of Applicant/Licensee: 11. Extent of Food Service: Full food menu; Full food prep area at minimum food availability requirements; Food prep area at minimum 14. Type of Establishment: Disc Jockey Recorded Music Karaoke	For Renewal applicants and question below using all information known to date
For Class Change applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation. This 30-Day Advance Notice is Being Provided to the Clerk of the following Local Municipality or Community Board: Applicant/Licensee Information 4. License Serial Number, if Applicable: Expiration Date, if Applicable: 5. Applicant or Licensee Name: The Great Cabin 7. Street Address of Establishment: QS E L(TH-ST 9. Business Telephone Number of Applicant/Licensee: 11. Business E-mail of Applicant/Licensee: 12. Type(s) of Alcohol sold or to be sold: Beer & Cider Wine, Beer & Cider Wine, Beer & Cider Wine, Beer & Cider Menu meets legal minimum food availability requirements; Food prep area at minimum Full Kitchen run by a chef or cook Pool prep area at minimum Pool prep area at minimum Check all that apply) Live Music (Give details: i.e. rock bands, acoustic, Jazz, etc.): Video/Arcade Games Third Party Promoters Security Personnel	For Alteration applicants attack a stack of the first of
This 30-Quay Advance Notice is Being Provided to the Clerk of the following Local Municipality or Community Board: 3. Name of Municipality or Community Board: 4. License Serial Number, if Applicable: 5. Applicant or Licensee Name: 6. Trade Name (if any): 7. Street Address of Establishment: 9. Business Telephone Number of Applicant/Licensee: 11. Business E-mail of Applicant/Licensee: 12. Type(s) of Alcohol sold or to be sold: 13. Extent of Food Service: Full food menu; Full Kitchen run by a chef or cook Full food menu; Full Kitchen run by a chef or cook Full food menu; Full Kitchen run by a chef or cook Full Street Menu meets legal minimum food availability requirements; Food prep area at minimum 14. Type of Establishment: Seasonal Establishment: Disc Jockey Recorded Music Karaoke Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment Undeo/Arcade Games Third Party Promoters Security Personnel	For Removal applicants, attach a statement of the current and proposed corporate principals.
This 30-qay Advance Notice is Being Provided to the Clerk of the following Local Municipality or Community Board: 3. Name of Municipality or Community Board: 4. License Information 4. License Serial Number, if Applicable: 5. Applicant or Licensee Name: 6. Trade Name (if any): 7. Street Address of Establishment: 8. City, Town or Village: 9. Business Telephone Number of Applicant/Licensee: 10. Business Femail of Applicant/Licensee: 11. Business E-mail of Applicant/Licensee: 12. Type(s) of Alcohol sold or to be sold: 13. Extent of Food Service: Full food menu; Full Kitchen run by a chef or cook Food prep area at minimum 14. Type of Establishment: Check all that apply) Live Music (Give details; i.e. rock bands, acoustic, jazz, etc.): Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment Other (Specify): 16. Licensed Outdoor Area: Check all that Apply Promoters Security Personnel	For Class Change applicants, attach a statement detailing your current licenses with the reason(s) for the relocation
Applicant/Licensee Information 4. License Serial Number, if Applicable: 5. Applicant or Licensee Name: The Great Cabin Lice 6. Trade Name (if any): The Cabin 7. Street Address of Establishment: QOS & L(TH-ST) 8. City, Town or Village: 9. Business Telephone Number of Applicant/Licensee: 11. Business Fax Number of Applicant/Licensee: 12. Type(s) of Alcohol sold or to be sold: Beer & Cider Wine, Beer & Cider Menu meets legal minimum food availability requirements; Food prep area at minimum 14. Type of Establishment: Restablishment: Restaular Licensee L	
Applicant/Licensee Information 4. License Serial Number, if Applicable: 5. Applicant or Licensee Name: The Great Cabin Lice 6. Trade Name (if any): The Cabin 7. Street Address of Establishment: QOS & L(TH-ST) 8. City, Town or Village: 9. Business Telephone Number of Applicant/Licensee: 11. Business Fax Number of Applicant/Licensee: 12. Type(s) of Alcohol sold or to be sold: Beer & Cider Wine, Beer & Cider Menu meets legal minimum food availability requirements; Food prep area at minimum 14. Type of Establishment: Restablishment: Restaular Licensee L	3 Name of Municipality or Community Page 1
4. License Serial Number, if Applicable: 5. Applicant or Licensee Name: The Great Cabin Licensee 6. Trade Name (if any): The Cabin 7. Street Address of Establishment: QOS E LITH ST 8. City, Town or Village: 9. Business Telephone Number of Applicant/Licensee: 10. Business Fax Number of Applicant/Licensee: 11. Business E-mail of Applicant/Licensee: 12. Type(s) of Alcohol sold or to be sold: Beer & Cider Wine, Beer & Cider Wine, Beer & Cider Service: Menu meets legal minimum food availability requirements; Food prep area at minimum 14. Type of Establishment: Restablishment: Less Tausant Juke Box Disc Jockey Recorded Music Karaoke Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment Video/Arcade Games Third Party Promoters Security Personnel	7
5. Applicant or Licensee Name: The Great Cabin are 6. Trade Name (if any): The Cabin 7. Street Address of Establishment: QDS E L(TH-ST 8. City, Town or Village: 9. Business Telephone Number of Applicant/Licensee: 10. Business Fax Number of Applicant/Licensee: 11. Business Fax Number of Applicant/Licensee: 12. Type(s) of Alcohol sold or to be sold: Beer & Cider Wine, Bee	
6. Trade Name (if any): The Cabus 7. Street Address of Establishment: 205 & 4TH ST 8. City, Town or Village: 9. Business Telephone Number of Applicant/Licensee: 10. Business Fax Number of Applicant/Licensee: 11. Business E-mail of Applicant/Licensee: 12. Type(s) of Alcohol sold or to be sold: Beer & Cider Wine, Beer & Cider Wine, Beer & Cider Wine, Beer & Cider	4. License Serial Number, if Applicable:
6. Trade Name (if any): The Cabu 7. Street Address of Establishment: 205 £ 4(71+5); 8. City, Town or Village: 9. Business Telephone Number of Applicant/Licensee: 10. Business Fax Number of Applicant/Licensee: 11. Business E-mail of Applicant/Licensee: 12. Type(s) of Alcohol sold or to be sold: 13. Extent of Food Service: Full food menu; Full Kitchen run by a chef or cook Food prep area at minimum 14. Type of Establishment: Restaulant 15. Method of Operation: (Check all that apply) Live Music (Give details: i.e. rock bands, acoustic, Jazz, etc.): Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment Video/Arcade Games Third Party Promoters Security Personnel	
7. Street Address of Establishment: 205 £ 47H ST 8. City, Town or Village: 9. Business Telephone Number of Applicant/Licensee: 10. Business Fax Number of Applicant/Licensee: 11. Business E-mail of Applicant/Licensee: 12. Type(s) of Alcohol sold or to be sold: 13. Extent of Food Service: Full food menu; Full Kitchen run by a chef or cook Food prep area at minimum 14. Type of Establishment: PSTAUSANT 15. Method of Operation: (Check all that apply) Check all that apply) Check all that apply) Check all that apply	6. Trade Name (if any).
8. City, Town or Village: 9. Business Telephone Number of Applicant/Licensee: (732) 558-9360 10. Business Fax Number of Applicant/Licensee: 11. Business E-mail of Applicant/Licensee: 12. Type(s) of Alcohol sold or to be sold: Beer & Cider Wine, Beer & Cider Liquor, Wine, Beer & Cider 13. Extent of Food Service: Full food menu; Menu meets legal minimum food availability requirements; 14. Type of Establishment: Restaurant 15. Method of Operation: Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke Check all that apply) Live Music (Give details: i.e. rock bands, acoustic, Jazz, etc.): Video/Arcade Games Third Party Promoters Security Personnel Other (specify): Seasonal Patio or Deck Rooften Get Ge	7. Street Address of Establish
9. Business Telephone Number of Applicant/Licensee: (732) 558-9560 10. Business Fax Number of Applicant/Licensee: 11. Business E-mail of Applicant/Licensee: 12. Type(s) of Alcohol sold or to be sold: Beer & Cider Wine, Beer & Cider Liquor, Wine, Beer & Cider Full food menu; Full Kitchen run by a chef or cook Food prep area at minimum 14. Type of Establishment: Menu meets legal minimum food availability requirements; Food prep area at minimum 15. Method of Operation: Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment Video/Arcade Games Third Party Promoters Security Personnel	200 8 4 111 21
10. Business Fax Number of Applicant/Licensee: 11. Business E-mail of Applicant/Licensee: 12. Type(s) of Alcohol sold or to be sold: 13. Extent of Food Service: 14. Type of Establishment: 15. Method of Operation: (Check all that apply) 16. Licensed Outdoor Area: 17. Type of Patron Dancing Patron Deck Patron Deck	ANY
10. Business Fax Number of Applicant/Licensee: 11. Business E-mail of Applicant/Licensee: 12. Type(s) of Alcohol sold or to be sold:	9. Business Telephone Number of Applicant/Licensee: (732) 558-95/000
11. Business E-mail of Applicant/Licensee: 12. Type(s) of Alcohol sold or to be sold: 13. Extent of Food Service: 14. Type of Establishment: 15. Method of Operation: (Check all that apply) 16. Licensed Outdoor Area: 17. Type(s) of Alcohol sold or to be sold: Beer & Cider Wine, Beer & Cider Wine, Beer & Cider Wine, Beer & Cider Menu meets legal minimum food availability requirements; Food prep area at minimum PestaviawT 15. Method of Operation: (Check all that apply) Live Music (Give details: i.e. rock bands, acoustic, jazz, etc.): Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment Other (specify): 16. Licensed Outdoor Area:	10. Business Fax Number of Applicant/Licensee:
12. Type(s) of Alcohol sold or to be sold: Beer & Cider Wine, Beer & Cider Wine, Beer & Cider Wine, Beer & Cider Wine, Beer & Cider	
13. Extent of Food Service: Full food menu; Full Kitchen run by a chef or cook Food prep area at minimum 14. Type of Establishment: Restaurant 15. Method of Operation: (Check all that apply) 16. Licensed Outdoor Area: None Patlo or Deck Recoffee (Check all that apply) 17. Wine, Beer & Cider Menu meets legal minimum food availability requirements; Food prep area at minimum 18. Menu meets legal minimum food availability requirements; Food prep area at minimum 19. Menu meets legal minimum food availability requirements; Food prep area at minimum 19. Licensed Outdoor Area: None Patlo or Deck Recorded Music Karaoke 10. Licensed Outdoor Area: None Patlo or Deck Recorded Music Security Personnel	12. Type(s) of Alcohol cold and the
Seasonal Establishment: Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke Video/Arcade Games Third Party Promoters Security Personnel Security Personnel Security Personnel Seasonal Patio or Deck Rooftee Rooftee Rooftee Security Personnel Security Per	Wine, Beer & Cido
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Check all that apply Live Music (Give details: i.e. rock bands, acoustic, jazz, etc.): Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment Video/Arcade Games Third Party Promoters Security Personnel 16. Licensed Outdoor Area: None Patio or Deck Rooftop German German German Rooftop German	Kestaviant
Live Music (Give details: i.e. rock bands, acoustic, jazz, etc.): Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment Video/Arcade Games Third Party Promoters Security Personnel Other (specify): Security Personnel 16. Licensed Outdoor Area: None Patio or Deck Rooftop Geographics Security Personnel	
Video/Arcade Games	Live Music (Give details: i.e. rock bands acquired Recorded Music Karaoke
Video/Arcade Games	
Other (specify): Security Personnel 16. Licensed Outdoor Area: None Patio or Deck Roofton Control of the State of the Sta	Video/Arcade Games Third Party Promise Topless Entertainment
	Other (specify):
	16. Licensed Outdoor Area: None Patio or Deck Classic
The state of the s	(Check all that apply) Sidewalk Cafe Other (specify): Garden/Grounds Freestanding Covered Structure

	Origina	O milended Date		3
NEW YORK STATE OF OPPORTUNITY.	State Florio	r Standardized No	OTICE FORM for Providence	ding 30-Day Advanced Notice
to	Authority		Local	Municipality or Community B
17			A.G.	(Page 2 of 2 of F
17. List the floor(s) o	f the building that	the establishment is located	on: Basement a	Ommunia, P
18. List the room nui	mber(s) the actable	shment is located in within the		
			l)	CB 22 2000
19. Is the premises lo	cated within 500 fe	eet of three or more		4 2010
20. Will the license ho	older or a manage	eet of three or more on-prem	ises liquor establishments?	Xes ONo
21. If this is a transfer	application	be physically present within	the establishment during al	I hours of anomaly
205 9	application (an exi	sting licensed business is bei	ng purchased) provide the	hours of operation? Yes O
22. Does the anni!	Osian Graq	STREET LLC	# 1249243	name and serial number of the licens
TEL BOES the applicant	or licensee own th	ne building in which the estab	plishment is located? O y	
Ş			in located! O A	es (If Yes SKIP 23-26) No
23. Building Owner's Fu	Owner of t	the Building in Which the L	icensed Establishment is I	Age to 1
		705 East 1	+ LLC	
24. Building Owner's St		205 E 4T	H ST	
25. City, Town or Village		My		
26. Business Telephone	Number of Buildin	a Owner	State:	Zip Code: 10009
		((0)	263-9116	
appi	Representative of	or Attorney representing th	e Applicant in Communication	
appi 27. Representative/Attor	wanda E. Dani	or Attorney representing the set to traffic in alcohol at the	e Applicant in Connection e establishment identifiec	with the
	ney's Full Name:	MICHAEL KELLY	e Applicant in Connection e establishment identified	with the I in this notice
28. Street Address:	wanda E. Dani	MICHAEL KELLY	e Applicant in Connection e establishment identified	with the I in this notice
	ney's Full Name:	MICHAEL KELLY	e Applicant in Connection e establishment identified	with the I in this notice
28. Street Address;29. City, Town or Village:	ney's Full Name: 136 WAVERLY RI SCARSDALE	MICHAEL KELLY D	San	I in this notice
28. Street Address;29. City, Town or Village:30. Business Telephone No.	ney's Full Name: 136 WAVERLY RI SCARSDALE umber of Represer	MICHAEL KELLY D ntative/Attorney: 914-740 24	San	with the I in this notice Zip Code: 10583
28. Street Address;29. City, Town or Village:30. Business Telephone No.	ney's Full Name: 136 WAVERLY RI SCARSDALE umber of Represer	MICHAEL KELLY D ntative/Attorney: 914-740 24	San	I in this notice
28. Street Address: 29. City, Town or Village: 30. Business Telephone No. 31. Business Email Address:	ney's Full Name: 136 WAVERLY RI SCARSDALE umber of Represer s: KELLYMLK1366	MICHAEL KELLY D ntative/Attorney: 914-740-35	State: NY	Zip Code: 10583
 28. Street Address; 29. City, Town or Village; 30. Business Telephone No. 31. Business Email Address; I am the applicant or he 	ney's Full Name: 136 WAVERLY RI SCARSDALE umber of Represer s: KELLYMLK1366 pld the license or all	MICHAEL KELLY D ntative/Attorney: 914-740-35 @GMAIL.COM	State: NY	Zip Code: 10583
 28. Street Address; 29. City, Town or Village; 30. Business Telephone No. 31. Business Email Address; I am the applicant or he 	136 WAVERLY RI SCARSDALE umber of Represer s: KELLYMLK1366 pld the license or an conformity with runderstand that re	MICHAEL KELLY D ntative/Attorney: 914-740-35 @GMAIL.COM m a principal of the legal entirepresentations made in subn	State: NY 580 ty that holds or is applying	Zip Code: 10583
 28. Street Address; 29. City, Town or Village; 30. Business Telephone No. 31. Business Email Address; I am the applicant or he in this form are in granting the license. I 	136 WAVERLY RI SCARSDALE umber of Represer s: KELLYMLK1366 pld the license or an a conformity with reunderstand that re may result in	MICHAEL KELLY D ntative/Attorney: 914-740-35 @GMAIL.COM m a principal of the legal entiperesentations made in subnepresentations made in this following disapproval of the applications of the application	State: NY State: NY Ty that holds or is applying nitted documents relied upon the property will also be re	Zip Code: 10583 for the license. Representations on by the Authority when
 28. Street Address; 29. City, Town or Village; 30. Business Telephone No. 31. Business Email Address; I am the applicant or he in this form are in granting the license. I 	136 WAVERLY RI SCARSDALE umber of Represer s: KELLYMLK1366 pld the license or an a conformity with reunderstand that re may result in	MICHAEL KELLY D ntative/Attorney: 914-740-35 @GMAIL.COM m a principal of the legal entiperesentations made in subnepresentations made in this following disapproval of the applications of the application	State: NY State: NY Ty that holds or is applying nitted documents relied upon the property will also be re	Zip Code: 10583 for the license. Representations on by the Authority when
28. Street Address: 29. City, Town or Village: 30. Business Telephone No. 31. Business Email Address: I am the applicant or he in this form are in granting the license. I	136 WAVERLY RI SCARSDALE umber of Represer s: KELLYMLK1366 old the license or an conformity with runderstand that re may result in	MICHAEL KELLY D ntative/Attorney: 914-740-35 @GMAIL.COM m a principal of the legal entirepresentations made in subn	State: NY State: NY Ty that holds or is applying nitted documents relied upon the property will also be re	Zip Code: 10583 for the license. Representations on by the Authority when
28. Street Address: 29. City, Town or Village: 30. Business Telephone No. 31. Business Email Address: I am the applicant or he in this form are in granting the license. I By my signal 32. Printed Name: MICHAEL	136 WAVERLY RI SCARSDALE umber of Represer s: KELLYMLK1366 old the license or an conformity with runderstand that re may result in	MICHAEL KELLY D ntative/Attorney: 914-740-35 @GMAIL.COM m a principal of the legal entiperesentations made in subnepresentations made in this following disapproval of the applications of the application	State: NY	for the license. Representations on by the Authority when and that false representations se.
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